

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5		2				
6		2				
7	1		1			
8		1		1		
9	1		1			
10	1		1			
11		1		1		
12		1		1		
13				1		
14		4				
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50						
TOTAL IND.			4			
TOTAL DEP.			16			
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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